

Hip/Lower Extremity Fracture Pre-Op [1811]

General

Pre Anesthesia Testing Orders

The ambulatory orders in this section are specifically for Pre Anesthesia Testing. For additional PAT orders, please use 'Future Status' and 'Pre-Admission Testing Phase of Care'

[] Other Diagnostic Studies

- | | |
|--|---|
| <input type="checkbox"/> ECG Pre/Post Op | Routine, Ancillary Performed, Status: Future, Expires: S+366, Pre-Admission Testing |
| <input type="checkbox"/> Pv carotid duplex | Status: Future, Expires: S+366, Routine, Clinic Performed |
| <input type="checkbox"/> Us vein mapping lower extremity | Status: Future, Expires: S+366, Routine, Clinic Performed |

[] Respiratory

- | | |
|--|---|
| <input type="checkbox"/> Spirometry pre & post w/ bronchodilator | Routine, Status: Future, Expires: S+366, Pre-Admission Testing
Encounter type? |
| <input type="checkbox"/> Body Plethysmographic lung volumes | Routine, Status: Future, Expires: S+366, Pre-Admission Testing
Encounter type? |
| <input type="checkbox"/> Diffusion capacity | Routine, Status: Future, Expires: S+366, Pre-Admission Testing
Encounter type? |
| <input type="checkbox"/> Spirometry | Routine, Status: Future, Expires: S+366, Pre-Admission Testing
Encounter type? |

[] Laboratory: Preoperative Testing Labs - All Facilities

- | | |
|--|---|
| <input type="checkbox"/> CBC with platelet and differential | Routine, Status: Future, Expires: S+366, Clinic Collect
LabCorp Has the patient fasted?
Pre-Admission Testing |
| <input type="checkbox"/> Comprehensive metabolic panel | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> Basic metabolic panel | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> Prothrombin time with INR | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> Partial thromboplastin time | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> Hepatic function panel | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> Platelet function analysis | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> Hemoglobin A1c | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> Type and screen | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> hCG qualitative, serum screen | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> POC pregnancy, urine | Routine, Point Of Care, Pre-Admission Testing |
| <input type="checkbox"/> Urinalysis, automated with microscopy | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |

[] Laboratory: Additional Labs - HMWB, HMSJ, HMSTJ, HMTW

- | | |
|---|--|
| <input type="checkbox"/> Urinalysis screen and microscopy, with reflex to culture | Routine, Status: Future, Expires: S+366, Clinic Collect
Specimen Source: Urine
Specimen Site:
Pre-Admission Testing |
| <input type="checkbox"/> CBC hemogram | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |
| <input type="checkbox"/> HIV 1, 2 antibody | Routine, Status: Future, Expires: S+366, Clinic Collect,
Pre-Admission Testing |

<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Laboratory: Additional Labs - HMSL, HMW	
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Rapid HIV 1 & 2	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thromboelastograph	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Vitamin D 25 hydroxy level	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	MRSA screen culture	Routine, Status: Future, Expires: S+366, Clinic Collect, Nares Quest Specimen Source: Pre-Admission Testing
<input type="checkbox"/>	T3	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	T4	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Thyroid stimulating hormone	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Prostate specific antigen	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Laboratory: Additional Labs - HMMH	
<input type="checkbox"/>	Urinalysis screen and microscopy, with reflex to culture	Routine, Status: Future, Expires: S+366, Clinic Collect Specimen Source: Urine Specimen Site: Pre-Admission Testing
<input type="checkbox"/>	CBC hemogram	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	HIV Ag/Ab combination	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Syphilis treponemal IgG	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing
<input type="checkbox"/>	Hepatitis acute panel	Routine, Status: Future, Expires: S+366, Clinic Collect, Pre-Admission Testing

<input type="checkbox"/> Insert Foley catheter	Routine, Once Type: Size: Urinometer needed: Pre-op
<input type="checkbox"/> Foley Catheter Care	Routine, Until discontinued, Starting S Orders: to gravity Pre-op
<input type="checkbox"/> POCT bedside glucose	Routine, As directed 1 hour prior to surgery. If blood glucose is less than 120, notify Provider., Pre-op
<input type="checkbox"/> Chlorhexidine shower	Routine, As needed For 2 Occurrences Instructions: Evening prior to surgery and the morning of surgery., Pre-op
<input type="checkbox"/> Chlorhexidine sage cloths	Routine, As needed For 2 Occurrences For patients who are unable to shower use cloths night before surgery and prior to surgery, Pre-op
<input type="checkbox"/> chlorhexidine (HIBICLENS) 4 % liquid	Topical, daily PRN, wound care, Pre-op Soap Apply Sufficient Amount Topical, to Affected Area OnceFor patients who can shower only. Shower the night before AND the morning of the procedure with 4% Chlorhexidine.
<input type="checkbox"/> Place antiembolic stockings	Routine, Once To non-operative extremity., Pre-op
<input type="checkbox"/> May place pillow under leg as needed.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Apply ice pack	Routine, As needed Affected area: Waking hours only? Nurse to schedule? Special Instructions: As needed to affected extremity.

Diet

<input type="checkbox"/> NPO-After Midnight	Diet effective midnight, Starting S+1 at 12:01 AM NPO: Except Sips with meds Pre-Operative fasting options: Pre-op
<input type="checkbox"/> Diet	Diet effective now, Starting S Diet(s): Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Pre-op

Consent

<input type="checkbox"/> Complete consent for Hip Fracture ORIF vs Prosthetic Replacement	Routine, Once Procedure: Hip Fracture ORIF vs Prosthetic Replacement Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for ORIF Femur Fracture	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op
<input type="checkbox"/> Complete consent for	Routine, Once Procedure: Diagnosis/Condition: Physician: Pre-op

IV Fluids

Insert and Maintain IV

<input checked="" type="checkbox"/> Initiate and maintain IV	
<input checked="" type="checkbox"/> Insert peripheral IV	Routine, Once, Pre-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 12 hours scheduled, Pre-op
<input checked="" type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, PRN, line care, Pre-op

IV Fluids (Single Response)

<input type="checkbox"/> sodium chloride 0.9 % infusion	75 mL/hr, intravenous, continuous, PACU & Post-op
<input type="checkbox"/> lactated Ringer's infusion	75 mL/hr, intravenous, continuous, PACU & Post-op

Medications

Antibiotics: For Patients LESS than or EQUAL to 120 kg

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients LESS than or EQUAL to 120 kg	2 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients LESS than or EQUAL to 120 kg; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefepime (MAXIPIME) IV	1 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients Penicillin Allergic; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op Within 2 hours prior to incision; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

Antibiotics: For Patients GREATER than 120 kg

<input type="checkbox"/> cefazolin (ANCEF) IV - For Patients GREATER than 120 kg	3 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients GREATER than 120 kg; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> cefepime (MAXIPIME) IV	1 g, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> levofloxacin (LEVAQUIN) IV	750 mg, intravenous, once, For 1 Doses, Pre-op Within 60 minutes of incision. Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
<input type="checkbox"/> clindamycin (CLEOCIN) IV - For Penicillin Allergic Patients	900 mg, intravenous, for 30 Minutes, once, For 1 Doses, Pre-op Within 60 minutes of incision. For patients Penicillin Allergic; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis

<input type="checkbox"/> vancomycin (VANCOCIN) IV	15 mg/kg, intravenous, once, For 1 Doses, Pre-op Within 2 hours prior to incision; On Call to OR Type of Therapy: New Anti-Infective Order Reason for Therapy: Surgical Prophylaxis
---	--

Scheduled Pain: For Patients LESS than 70 years old

<input type="checkbox"/> celecoxib (CeleBREX) capsule	400 mg, oral, once, For 1 Doses, Pre-op Do not give if Sulfa allergy/Renal Disease.
---	--

<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.
---	--

<input type="checkbox"/> For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
---	--

<input type="checkbox"/> For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
--	--

<input type="checkbox"/> morPHINE (MSIR) tablet	15 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> oxyCODone (ROXICODONE) immediate release tablet	oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> pregabalin (LYRICA) capsule	75 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> gabapentin (NEURONTIN)	300 mg, oral, once, For 1 Doses, Pre-op

Scheduled Pain: For Patients GREATER than or EQUAL to 70 years old

<input type="checkbox"/> celecoxib (CeleBREX) capsule	400 mg, oral, once, For 1 Doses, Pre-op Do not give if Sulfa allergy/Renal Disease.
---	--

<input type="checkbox"/> ketorolac (TORADOL) IV (Single Response)	Do NOT use in patients with eGFR LESS than 30 mL/min AND/OR patients LESS than 17 years of age. WARNING: Use is contraindicated for treatment of perioperative pain OR in the setting of coronary artery bypass graft (CABG) surgery.
---	--

<input type="checkbox"/> For patients ages GREATER than 64 OR weight LESS than 50 kg OR eGFR 30-59 mL/min - ketorolac (TORADOL) injection	15 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
---	--

<input type="checkbox"/> For patients ages 17-64 AND weight GREATER than or EQUAL to 50 kg AND eGFR at least 60 mL/min - ketorolac (TORADOL) injection	30 mg, intravenous, every 6 hours PRN, moderate pain (score 4-6), For 5 Days
--	--

<input type="checkbox"/> pregabalin (LYRICA) capsule	75 mg, oral, once, For 1 Doses, Pre-op
<input type="checkbox"/> gabapentin (NEURONTIN)	300 mg, oral, once, For 1 Doses, Pre-op

Headache

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	500 mg, oral, once PRN, headaches, For 1 Doses, Pre-op
---	--

Antiemetics

<input checked="" type="checkbox"/> scopolamine (TRANSDERM-SCOP) 1.5 mg (1 mg over 3 days)	1 patch, transdermal, for 72 Hours, once, For 1 Doses, Pre-op Apply patch behind the ear.
--	--

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral	"Or" Linked Panel
--	--------------------------

<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is able to tolerate oral medication.
---	---

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
---	---

<input checked="" type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
---	--------------------------

<input checked="" type="checkbox"/> promethazine (PHENERGAN) 12.5 mg IV	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
---	---

[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

[X] ondansetron (ZOFTRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Antiemetics

[X] ondansetron (ZOFTRAN) IV or Oral	"Or" Linked Panel
[X] ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is able to tolerate oral medication.
[X] ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting, Pre-op Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) IVPB or Oral or Rectal	"Or" Linked Panel
[X] promethazine (PHENERGAN) 25 mg in sodium chloride 0.9 % 50 mL IVPB	12.5 mg, intravenous, for 30 Minutes, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
[X] promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
[X] promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting, Pre-op Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Bowel Care (Single Response)

() sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, nightly PRN, constipation, Pre-op
() simethicone (MYLICON) chewable tablet	160 mg, oral, 4 times daily PRN, flatulence, Pre-op
() docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Pre-op
() magnesium hydroxide suspension - NOT RECOMMENDED FOR CHRONIC KIDNEY DISEASE STAGE 3 OR GREATER	30 mL, oral, every 12 hours PRN, constipation, Pre-op Do not give if patient is on hemodialysis or is in chronic renal failure.
() bisacodyl (DULCOLAX) EC tablet	10 mg, oral, daily PRN, constipation, Pre-op

bisacodyl (DULCOLAX) suppository 10 mg, rectal, daily PRN, constipation, Pre-op

Itching: For Patients LESS than 70 years old (Single Response)

diphenhydrAMINE (BENADRYL) tablet 25 mg, oral, every 6 hours PRN, itching, Pre-op
 hydrOXYzine (ATARAX) tablet 10 mg, oral, every 6 hours PRN, itching, Pre-op
 cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Pre-op
 fexofenadine (ALLEGRA) tablet - For eGFR LESS than 80 mL/min, reduce frequency to once daily as needed 60 mg, oral, 2 times daily PRN, itching, Pre-op

Itching: For Patients between 70-76 years old (Single Response)

cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Pre-op

Itching: For Patients GREATER than 77 years old (Single Response)

cetirizine (ZyrTEC) tablet 5 mg, oral, daily PRN, itching, Pre-op

Insomnia

ramelteon (ROZEREM) tablet 8 mg, oral, nightly PRN, sleep, Pre-op

Labs

Labs

CBC and differential Once, Pre-op
 Basic metabolic panel Once, Pre-op
 Comprehensive metabolic panel Once, Pre-op
 Partial thromboplastin time Once, Pre-op
 Prothrombin time with INR Once, Pre-op
 C-reactive protein Once, Pre-op
 Magnesium Once, Pre-op
 Phosphorus Once, Pre-op
 Potassium level Once, Pre-op
 Sedimentation rate Once, Pre-op
 Sodium level Once, Pre-op
 Vitamin D 25 hydroxy Once, Pre-op
 hCG qualitative, urine Once, Pre-op
 Urinalysis screen and microscopy, with reflex to culture Once
Specimen Source: Urine
Specimen Site:
Pre-op
 Type and screen Once, Pre-op

Cardiology

Cardiology

ECG Pre/Post Op Routine, Once
Clinical Indications:
Interpreting Physician:
Pre-op

Imaging

X-Ray

Chest 2 Vw Routine, 1 time imaging For 1 , Pre-op
 Hips Bilateral Ap Lateral W Ap Pelvis Routine, 1 time imaging For 1 , Pre-op
 Femur 2 Vw Left Routine, 1 time imaging For 1 , Pre-op
 Femur 2 Vw Right Routine, 1 time imaging For 1 , Pre-op
 Tibia Fibula 2 Vw Left Routine, 1 time imaging For 1 , Pre-op
 Tibia Fibula 2 Vw Right Routine, 1 time imaging For 1 , Pre-op
 Ankle 3+ Vw Left Routine, 1 time imaging For 1 , Pre-op
 Ankle 3+ Vw Right Routine, 1 time imaging For 1 , Pre-op

<input type="checkbox"/> Knee 3 Vw Left	Routine, 1 time imaging For 1 , Pre-op
<input type="checkbox"/> Knee 3 Vw Right	Routine, 1 time imaging For 1 , Pre-op

Other Studies

Respiratory

Rehab

Consults

Ancillary Consults

<input checked="" type="checkbox"/> Consult to Fracture Liaison Service	Clinical Indications: Pre-op
<input checked="" type="checkbox"/> Consult to Case Management	Consult Reason: Discharge Planning Pre-op
<input checked="" type="checkbox"/> Consult to Social Work	Reason for Consult: Discharge Planning Pre-op
<input checked="" type="checkbox"/> Consult PT eval and treat	Special Instructions: Weight Bearing Status:
<input type="checkbox"/> Consult PT wound care	Special Instructions: Location of Wound? Pre-op
<input type="checkbox"/> Consult OT eval and treat	Special Instructions: Weight Bearing Status:
<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Pre-op
<input type="checkbox"/> Consult to Spiritual Care	Reason for consult? Pre-op
<input type="checkbox"/> Consult to Speech Language Pathology	Routine, Once Reason for consult: Pre-op
<input type="checkbox"/> Consult to Wound Ostomy Care nurse	Reason for consult: Reason for consult: Reason for consult: Reason for consult: Consult for NPWT: Reason for consult: Pre-op
<input type="checkbox"/> Consult to Respiratory Therapy	Reason for Consult? Pre-op

Additional Orders